

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Gregg Hart for Assembly 2022			Date of This Filing <u>11/03/2022</u>	Date Stamp Page 1 of 4	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (805)448-9470	I.D. NUMBER (if applicable) 1444010	Report No. <u>988</u>			
STREET ADDRESS 					
CITY Santa Barbara			STATE CA	ZIP CODE 93101	<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>
			No. of Pages <u>4</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/02/2022	California Apartment Association Political Action Committee Sacramento, CA 95814 ID# 745208	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,900.00
11/02/2022	Kindred Healthcare Operating, LLC Louisville, KY 40202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00
11/02/2022	San Manuel Band of Mission Indians Los Angeles, CA 90071 ID# 496051	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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AREA CODE/PHONE NUMBER (805)448-9470	I.D. NUMBER (if applicable) 1444010				
STREET ADDRESS					
CITY Santa Barbara	STATE CA	ZIP CODE 93101			

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11/02/2022	Laura Shawver La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist Capstan Therapeutics	\$2,500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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AREA CODE/PHONE NUMBER (805)448-9470	I.D. NUMBER (if applicable) 1444010		Report No. 988		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Barbara	STATE CA	ZIP CODE 93101	No. of Pages 4		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: F497P1-106082
Kindred Healthcare Operating, LLC-20221102-LLC Legal Responsible Officer: Raymond J. Sierpina